Case 1: OSENDER: COMPLETE THIS SECTION OCUM	ent COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: Geneva Co. Jail	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
P.O. Bax 115 Greneva AL 36340	
solvi Carl Poure	3. Service Type Certified Mail
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)	3 1820 0002 3465 2324
PS Form 3811, February 2004 Domestic	Return Receipt 06 · 2 4 102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

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